

CLAIMS ONLY						Application Number	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Applicant(s)	
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1							
2								
3		1						
4	1							
5								
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Indep								
Total								
Depend								
Total								
Claims								

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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